

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

2420 Del Paso Road, Suite 270 Sacramento, CA 95834 (916) 575-7000 www.bsis.ca.gov



APPLICATION FOR PROPRIETARY PRIVATE SECURITY EMPLOYER

This information is requested pursuant to sections 7574.13 of the Business and Professions Code and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected.				Prefix Prefix		
The applicant must submit the registration fee with this application. (See Schedule of Fees.)			e Schedule of Fees.)	No. Iss. Exp.		
The application and/or license	fee shall not be refunded	d.				
Please type or print clearly.						
1. Business Name						
2. Business Address – Number a	and Street	City	State	Ph	one Number	Zip Code
3. Full Name (person who will b	be in active charge of the s	security nei	rsonnel within the business	s.)		Phone Number
Responsible Person	Address-Number and S			State	Zip Code	THORE THE THE
4. Type of Business Organizatio						
☐ Individual ☐ Partnership ☐ Corporation				☐ Limited Liability Company		
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/ / / - / / - / / / / Social Security No. (Individual Ownership Only)				/ / / - / / / / / FEIN (Partnership Ownership Only)		
Social Security No. (Individual Ownership Only)				FEIN (Partnership Ownership Only)		
I/We declare under penalty of perjur						
documents is true and correct, with the					d that ANY FALSE OR	DISHONEST ANSWER
TO ANY QUESTION MAY BE GR	TOUNDS FUR DENIAL OR	PORPEGO	ENT KEVOCATION OF LIC	ENSE.		
Signature	Date					
SIGNATURES REQUIRED: Individu		tem 3 and 6.				

Per California Civil Code, Section 1798 (information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. 31A-4 (Rev. 01/10)